

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9749
 Name: Melander, Chris dba Chris Melander Drilling
 Address 1: 2256 CR 2500
 Address 2: _____
 City: CANEY State: KS Zip: 67333 + 8548
 Contact Person: Chria Melander
 Phone: (620) 289-4723
 CONTRACTOR: License # 9749
 Name: Melander, Chris dba Chris Melander Drilling
 Wellsite Geologist: none
 Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to ENHR Conv. to SWD

Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

11/28/2011	12/16/2011	12/17/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32132-00-00

Spot Description: _____
 SE SE SW NE Sec. 13 Twp. 34 S. R. 13 East West

2890 Feet from North / South Line of Section

1595 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Montgomery

Lease Name: Hollandsworth Well #: 3

Field Name: _____

Producing Formation: weiser

Elevation: Ground: 762 Kelly Bushing: 30

Total Depth: 853 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0
 feet depth to: 850 w/ 100 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 80 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
 Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 09/05/2012



1092595

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hollandsworth Well #: 3
 Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
red cap	519	527
wayside cap	677	692
weiser cap	746	762

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
casing	6.125	3	10	845	thick set	100	4% gel
surface	12.5	8.58	10	20	portland	18	lime

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used)

Shots Per Foot			Depth
9	800-804		
13	808-814		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.

08/20/2012

Producing Method:

Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours

Oil

Bbls.

Gas

Mcf

Water

Bbls.

Gas-Oil Ratio

Gravity

1

DISPOSITION OF GAS:

Vented Sold Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
 (Submit ACO-5) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Hollandsworth 3

API/Permit #: 15-125-32132-00-00

Doc ID: 1092595

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	06/06/2012	09/05/2012
Cementing Purpose Perforate	No	Yes
Date of First or Resumed Production or SWD or Enhr If Alternate II Completion - Cement Circulated From If Alternate II Completion - Cement Circulated To If Alternate II Completion - Sacks of Cement Method Of Completion - Perf	No	08/20/2012 0 850 100 Yes
Perf_Record_1		800-804
Perf_Record_2		808-814
Perf_Shots_1		9

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_2		13
Producing Method Pumping	No	Yes
Production - Barrels Oil		1
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1082622	../kcc/detail/operatorEditDetail.cfm?docID=1092595